



PERMIT APPLICATION

City of Helena, Building Division
 316 N. Park Ave. * Room 435 * Helena, MT 59623
 Phone: (406)447-8437 or (406)447-8438
 Email: CityBuilding@helenamt.gov

OFFICE USE ONLY:	
Permit #:	_____
Date Issued:	_____
Square Foot Value:	_____
Permit Cost:	_____

OFFICE USE ONLY:					
Engineering <input type="checkbox"/>	Fire <input type="checkbox"/>	Utility <input type="checkbox"/>	Zoning/Site Landscaping <input type="checkbox"/>	Parks/Blvd. Landscaping <input type="checkbox"/>	WWTP <input type="checkbox"/>
Date Ap: _____	Date Ap: _____	Date Ap: _____	Date Ap: _____	Date Ap: _____	Date Ap: _____
By: _____	By: _____	By: _____	By: _____	By: _____	By: _____
Plumb/Mech <input type="checkbox"/>	Electrical <input type="checkbox"/>	Hist. Demo <input type="checkbox"/>	Transp. <input type="checkbox"/>		
Date Ap: _____	Date Ap: _____	Date Ap: _____	Date Ap: _____		
By: _____	By: _____	By: _____	By: _____		
Building Div.: Reviewer: _____ Review Start: _____ Review Start: _____ Review Start: _____					
<input type="checkbox"/> Revise: _____		<input type="checkbox"/> Revise: _____		<input type="checkbox"/> Approved: _____ Date: _____	

Date Submitted: _____ **Estimated Contract Value (Labor & Materials):** \$ _____

(Please print all information. All information **MUST** be completed.)

PROJECT INFORMATION	Project Address: _____	
	Tenant/Business Name (DBA): _____	
	Project Description: _____	

OWNER	<input type="checkbox"/> Notify	Name: _____ Phone #: _____
	<input type="checkbox"/> YES	Address: _____ City Business License #: _____
	<input type="checkbox"/> NO	City, State, Zip: _____ Email: _____
GENERAL CONTRACTOR	<input type="checkbox"/> Notify	Name: _____ Phone #: _____
	<input type="checkbox"/> YES	Address: _____ City Business License #: _____
	<input type="checkbox"/> NO	City, State, Zip: _____ Email: _____
ARCHITECT / DESIGNER	<input type="checkbox"/> Notify	Name: _____ Phone #: _____
	<input type="checkbox"/> YES	Address: _____
	<input type="checkbox"/> NO	City, State, Zip: _____ Email: _____
ENGINEER	<input type="checkbox"/> Notify	Name: _____ Phone #: _____
	<input type="checkbox"/> YES	Address: _____
	<input type="checkbox"/> NO	City, State, Zip: _____ Email: _____
PLAN DATA	Occ. Group: _____ Type of Const.: _____ Roof Material: _____ Historic District: <i>Yes or No</i>	
	Sprinkler System: <i>Yes or No</i> Fire Alarm System: <i>Yes or No</i> Flood Plain Zone: <i>Yes or No</i> Designation: _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has or will commence prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Helena.

APPLICANT AFFIDAVIT: I certify that all the foregoing information is accurate. Signature below indicates acceptance of financial responsibility for plan check fees and postage expenses associated with plan review. **Plans will not be reviewed without signature.**

APPLICANT SIGNATURE: (circle one) **Owner** **General Contractor** **Architect/Designer** **Engineer**

Signature

Print Name